

**Associate Power Of Attorney Or Agent (37 CFR 1.34)
(For Representation Related To A Patent Application)**

**Docket No.
6944-17**

In Re Application Of: **VANSTONE, Scott Alexander**

**Application No.
09/390,362**

**Filing Date
09/07/1999**

**Examiner
PICH, Ponnoreay**

**Group Art Unit
2135**

Invention: **HYBRID SIGNATURE SCHEME**

COMMISSIONER FOR PATENTS:

Please recognize the following as ☒ Associate Attorney ☐ Associate Agent in this application.

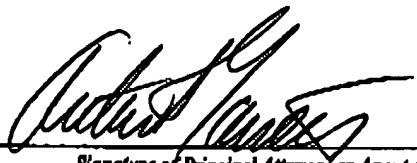
Name: Ralph A. Dowell

Reg. No.: 26,868

**Address: Dowell & Dowell, P.C.
Suite 406
2111 Eisenhower Avenue
Alexandria, VA 22314
USA**

Tel. No. (703) 415-2555

Customer Number: 000293



Signature of Principal Attorney or Agent of Record

**Arthur S. Garrett
Finnegan Henderson Farabow Garrett & Dunner LLP
901 New York Avenue, NW
Washington, DC 20001-4413
USA
Tel: (202) 408-4000
Fax: (202) 408-4400**

Registration Number & Address of Principal Attorney or Agent of Record

Dated: November 2, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

Change Of Attorney Or Agent's Address In Application
(37 CFR 1.8(a))

Docket No.

In Re Application Of: **VANSTONE, Scott Alexander**Application No.
09/390,362Filing Date
09/07/1999

 Examiner
PICH, Ponnoreay
Group Art Unit
2135Invention:
HYBRID SIGNATURE SCHEME
COMMISSIONER FOR PATENTS

Please send all correspondence for this application to:

Dowell & Dowell, P.C.
Suite 406
2111 Eisenhower Avenue
Alexandria, VA 22314
USA

Customer Number: 000293

Please direct all telephone calls to:

Ralph A. Dowell (Reg. #26,868)
Tel: (703) 415-2555
Fax: (703) 415-2559


Signature of Attorney or Agent of Record
Registration Number & Address of Attorney or Agent of Record

Ralph A. Dowell (Reg. #26,868)
Dowell & Dowell, P.C.
Suite 406
2111 Eisenhower Avenue
Alexandria, VA 22314
USA
Tel: (703) 415-2555
Fax: (703) 415-2559

Dated: *NOVEMBER 10, 2005*

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

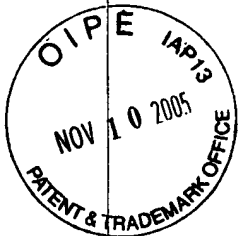
Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

Doc Code:

PTO/SB/21 (08-04)
 Approved for use through 07/31/2006, OMB 0851-0031
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/390,362

Filing Date

09/07/1999

First Named Inventor

VANSTONE, Scott Alexander

Art Unit

2135

Examiner Name

PICH, Ponnoreay

Attorney Docket Number

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Dowell & Dowell, P.C.		
Signature			
Printed name	Ralph A. Dowell		
Date	November 10, 2005	Reg. No.	26,868

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.